

CEE 9500 Course Enrollment Request Form

Name: _____

Student Number: _____ Academic Plan: _____

Signature: _____

Date: _____

Faculty Advisor: _____

Signature: _____

Date: _____

Second Examiner: _____

Signature: _____

Date: _____

Working Title: _____

To be completed by CEE Graduate Coordinator

Date of Academic Plan Change/Registration in CEE 9500: _____

Cumulative Average: _____

Progress Report Due: _____

Submission of Final Project: _____

Date of Presentation: _____

Approval:

MEng Chair: _____ Date: _____

CEE Graduate Coordinator: _____ Date: _____

Enrollment Date: _____ SGPS change of plan email: _____